

# Registered Nurse (RN) Prescribing Framework

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The College of Registered Nurses of Newfoundland and Labrador (CRNNL)<sup>1</sup> is the regulatory body for Registered Nurses (RNs) and Nurse Practitioners (NPs) in the province. The mandate of the College is to protect the public through self-regulation of the nursing profession in accordance with the *Registered Nurses Act (2008)* and *Registered Nurses Regulations (2013)*.

The parameters for RN prescribing are set by the provincial government in the *RN Regulations* which were used to guide the development of the RN Prescribing Framework. This framework is meant to be used as a guide for employer sponsors and select RNs who are interested in expanding their individual scope of practice to include prescriptive authority. The framework is linked to other relevant regulatory documents including the Standards of Practice for Registered Nurses and Nurse Practitioners, the Scope of Practice Framework<sup>2</sup>, and the **RN Prescribing Practice Guidelines**.

An RN prescriber refers to an RN who has obtained the required **education, authorization, and competence** to add RN prescribing to their individual scope of practice as authorized by the College.

RN prescribing involves using the nursing process to:

- assess individuals within an employer sponsored area(s) of need, whom have conditions and require nursing care within the RN's competence and authorization to prescribe
- establish a plan of care which may include:
  - prescribing medications, ordering laboratory and diagnostic screening tests (including but not limited to ultrasound, x-ray, CT, etc.), and/or other non-pharmacological interventions, and making referrals within the parameters outlined by the employer sponsor.
- provide nursing care and services

With the support of a **guidance document**<sup>3</sup>, RN prescribing will provide improved access to prescriptive services for individuals with defined health care needs as identified by the employer sponsor.

At this time:

Self-employed RNs may not prescribe as part of self-employment.

RN prescribers are not permitted to prescribe any medication regulated by the *Controlled Drugs and Substances Act* (CDSA) and related regulations, unless receiving specific authorization from the employer sponsor and College or prescribe outside of the defined parameters as set by the College's and employer sponsor authorization.

As RN prescribing is an expansion of the RN's individual scope of practice, the RN Prescribing Framework is organized similarly to the Scope of Practice Framework using the same three guiding principles of education, authorization, and competence. However, to add RN prescribing to an RN's scope of practice,

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<sup>1</sup>Herein referred to as the College.

<sup>2</sup>Please refer to the most recent version of the Scope of Practice Framework for explanations/definitions of scope of practice, authorization, education, and competence, competencies, practice as a RN and practice as an NP.

<sup>3</sup>An evidence informed document used in the specific practice setting to guide decisions related to ordering of diagnostic and laboratory tests, and other non-pharmacological interventions, making referrals, and by prescribing medications. This document may be in the form deemed appropriate by the employer sponsor (e.g., protocol, algorithm, policy, practice procedure, guideline, etc.).

employer authorization is the first step, followed by education, and College authorization, where you must maintain competence, as outlined:

**Step one:** Obtain an employer sponsor

**Step two:** Complete the required continuing education courses.

**Step three:** Complete the College's application process and obtain the required approval.

### AUTHORIZATION

RN prescribing requires an employer sponsor or formal authorization from the employer and the College.

It is recognized that the employer is knowledgeable of the population(s) they serve, those populations which are underserved, and where gaps in services exist. Therefore, the employer sponsor must agree that the context or setting is an identified area of need that would benefit by having RN prescribing.

The area(s) of need may be identified by:

- setting (e.g., rural, remote areas, community settings (including schools, primary care clinics, etc.))
- type of care required (e.g., wound care, etc.)
- medical diagnosis grouping (e.g., diabetes mellitus, etc.)
- specific health related needs (e.g., travel related immunizations, Occupational Health and Safety, smoking cessation sexual health, etc.)

The employer sponsor must also agree on who is the most appropriate RN to expand their scope of practice to include prescribing in that area. Employer considerations may include but are not limited to:

- a minimum number of clinical practice hours in the specific clinical practice area where the RN is applying for authorization
- an evaluation of RN expertise (e.g., specialty certification, continuing education, etc.)
- an evaluation of best practices utilized by RNs already authorized to prescribe

The employer sponsor must agree to the conditions of sponsorship and must provide the appropriate supports for RNs authorized to prescribe to meet their standards of practice and requirements for self-regulation. This includes, but is not limited to:

- developing, in consultation with the RN applying for authorization to prescribe, an evidence-informed guidance document detailing the parameters for the role of RN prescriber for the identified area of need (Appendix A: Guide for the Development of Guidance Document to Support RN Prescribing)
- having organizational policies, procedures, and oversight for RN prescribing (e.g., procedure for client follow-up, consultation, referral to another health care provider/allied health professional, change in assignment, etc.)
- exploring of the need for additional employer liability insurance if required
- supporting access to the health care collaborative team/relationship to aid RNs to prescribe in a safe, competent, and ethical manner

- supporting the RN authorized to prescribe to maintain competence in the identified area of need

**Mobility/portability:** Authorization to prescribe is not transferrable to another setting/context without repeating components of the authorization processes (i.e., the RN prescriber must have sufficient clinical practice experience in the new clinical area before being authorized to prescribe in that new area as identified by the employer sponsor).

There will not be an authorized “list” of medications or laboratory/diagnostic screening tests. There may be a list of drug classes specific to the employer sponsored identified area/population.

### EDUCATION

The RN authorized to prescribe has an expanded scope of practice, as such, RNs applying to the College for authorization to prescribe must:

- complete additional education as approved by CRNNL Council (theory and practice components), or any other educational program deemed equivalent
- complete an application form and declaration

Once approved, the College will place a notation on the Register/website (Member Search) to indicate the RN has met the criteria to prescribe. The notation on the Register will also include all the specific area(s) of need where the RN is authorized to prescribe.

### Prior Learning Assessment Recognition (PLAR)

RNs working in rural and remote areas (e.g., Regional Nurses) with validated experience in prescribing under their employer’s authorization mechanisms (e.g., care/medical directives) which could include First Nations and Inuit Health Branch Clinical Practice Guidelines may avail of a PLAR process, as approved by CRNNL Council, to determine if the designation of RN prescriber can be obtained.

### COMPETENCE

RNs authorized to prescribe in NL must adhere to all applicable Federal and Provincial legislation, and all other regulatory requirements (e.g., Newfoundland Labrador Pharmacy Board (NLPB), College of Physicians and Surgeons Newfoundland Labrador (CPSNL), etc.) related to prescribing, all College documents, and employer policies.

- RNs must maintain competence in prescribing and meet the requirements of the Continuing Competency Program (CCP) approved by CRNNL Council.

The College will establish a method of **evaluation and monitoring** to ensure continued competence in prescribing (e.g., the CCP may require RNs who are authorized to prescribe have a required number of education hours specific to prescribing).

## Appendix A:

### Guide for the Development of Guidance Document to Support RN Prescribing

The guidance document (GD) must include:

- a process to determine how laboratory and diagnostic screening tests, and other non-pharmacological interventions are ordered
- the process for prescribing medications
- a reference to processes for medication reconciliation and monitoring
- a reference to processes for continuing medication management (e.g., refills, etc.)
- actions are to be taken when the laboratory and diagnostic screening test results are outside the expected range. Actions may include:
  - assessing for changes in the client condition or factors that may affect the result
  - discussing the results with the client
  - developing and implementing a plan for ongoing monitoring
  - consulting with other members of the healthcare team regarding unexpected or unusual results
  - referral to other health care professionals including allied health
  - repeating the diagnostic test if there is an indication that a repeat test will be beneficial
  - discontinuing the medication
  - altering the dose provided
- processes to receive and respond to critical diagnostic tests results reported by a laboratory in the RN's absence, such as:
  - having an appropriate health-care professional review diagnostic test results in a timely manner if the RN authorized to prescribe is not able to personally attend to provide follow-up care
- an after-hours emergency contact
- follow-up when diagnostic tests are not received within a reasonable period of time
- processes for selecting the medication based on knowledge of pharmacotherapeutics and consideration of factors including, but not limited to:
  - client health-care objectives
  - client-specific factors such as age, gender, culture, existing medical conditions, dietary restrictions, concurrent medications, medication allergies, or sensitivities
  - expected action and therapeutic outcomes of the prescribed medication
  - recommended dosage and dosage adjustment for specific clients or client populations
  - common side effects
  - contraindications (relative and absolute)
  - generic and trade names
  - medication interactions (e.g., prescription, over the counter, natural health products)
  - dosage forms available
  - cost-effectiveness
  - supplements and integrative and functional medicine therapies (including complementary and alternative therapies) the client may be using





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